

OAHU CANDIDATES-  
SUBMIT 1 ORIGINAL AND 1 COPY

NEIGHBOR ISLAND CANDIDATES-  
SUBMIT 1 ORIGINAL AND 2 COPIES

STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION

DISCLOSURE REPORT  
CANDIDATE COMMITTEE

RECEIVED

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OFFICE OF THE  
COUNTY CLERK

PLEASE TYPE OR PRINT CLEARLY WITH INK (INSTRUCTIONS FOR COMPLETING THE DISCLOSURE REPORT CAN BE FOUND IN THE "GUIDEBOOK FOR CANDIDATE COMMITTEES.")

SECTION I-CANDIDATE AND CANDIDATE COMMITTEE:

(a) Candidate Name:

Samuel Kalalau III

(b) Committee Name: Friends of Sam Kalalau

(c) Mailing Address: P.O. Box 882

Hana, Hawaii 96713

(d) Phone (Bus) 808-248-7796 (Res) 808-248-7796

Treasurer's

SECTION II-TYPE OF REPORT:

(See the Schedule of Reporting Dates to complete this section)

- ☒ 1st Preliminary Primary ☐ Amended ☐ First ☐ Third  
☐ 2nd Preliminary Primary ☐ Short Form <sup>1</sup> ☐ Second ☐ Fourth
- ☐ Final Primary
- ☐ Preliminary General
- ☐ Final Election Period
- ☐ Supplemental

REPORTING PERIOD

1/01/06 through 6/30/06

SECTION III-SUMMARY OF RECEIPTS AND DISBURSEMENTS  
(Complete Section IV on the Back of this Form Before Completing This Section)

	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD <sup>2</sup> TOTAL TO DATE
1. Cash on Hand at the Beginning of the Election Period <sup>2</sup>		
2. Cash on Hand at the Beginning of this Reporting Period	-0-	
3. Total Receipts (From Line 15)	8,128.00	8,128.00
4. Subtotal (Add Lines 2 and 3 for Column A and Lines 1 and 3 for Column B)	8,128.00	8,128.00
5. Total Disbursements (not including Unpaid Expenditures) (From Line 19)	5,090.94	5,090.94
6. Cash on Hand at the Closing of this Reporting Period (Subtract Line 5 from Line 4)	3,037.06	3,037.06
7. Total Loans at the Closing of this Reporting Period		
8. Total Unpaid Expenditures at the Closing of this Reporting Period		
9. Debts Owed at the Closing of this Reporting Period (Add Lines 7 and 8)		
10. Surplus/Deficit (Subtract Line 9 from Line 6)	2,053.88	

I hereby certify that the information on this report and all attached Schedules are true, correct and complete to the best of my knowledge.

Candidate Signature

Date

Treasurer Signature

Date

<sup>1</sup> Short Form is checked if the candidate is filing a Preliminary, Final or Supplemental Report and has aggregate contributions and aggregate expenditures for the reporting period totaling \$2,000 or less.  
<sup>2</sup> Short form reporting requires completion of only Section I, Section II, and Section III of this Disclosure Report.  
An Election Period is the two-year period between general election days if a candidate is seeking nomination or election to a two-year office and the four-year period between general election days if a candidate is seeking nomination or election to a four-year office.

**SECTION IV-DETAILED SUMMARY OF RECEIPTS AND DISBURSEMENTS**  
(If Necessary, Complete Schedules A through E Before Completing This Section)

RECEIPTS	COLUMN A TOTAL THIS PERIOD	COLUMN B ELECTION PERIOD TOTAL TO DATE	
11. Contributions From:			11
(a) Individuals/Other Entities/Noncandidate Committees/Political Parties			11(a)
(i) Monetary and Non-Monetary Contributions of \$100 or Less.....	1,371.00	1,371.00	11(a)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100.....	1,507.00	1,507.00	11(a)(ii)
(iii) Subtotal (Add Lines 11(a)(i) and 11(a)(ii)).....	2,878.00	2,878.00	11(a)(iii)
(b) Candidate or Candidate's Immediate Family			11(b)
(i) Monetary and Non-Monetary Contributions of \$100 or Less.....	2,700.00	2,700.00	11(b)(i)
(ii) Monetary and Non-Monetary Contributions of More Than \$100.....	2,550.00	2,550.00	11(b)(ii)
(iii) Subtotal (Add Lines 11(b)(i) and 11(b)(ii)).....	5,250.00	5,250.00	11(b)(iii)
12. Total Contributions (Add Lines 11(a)(iii) and 11(b)(iii)).....	8,128.00	8,128.00	12
13. Public Funds and Other Receipts.....			13
14. Loans.....			14
15. Total Receipts (Add Lines 12 through 14).....	8,128.00	8,128.00	15
<b>DISBURSEMENTS</b>			
16. Expenditures.....	\$5,090.94	5,090.94	16
17. Loans Repaid or Forgiven.....			17
18. Unpaid Expenditures Paid or Forgiven.....			18
19. Subtotal Disbursements (Add Lines 16 through 18).....	5,090.94	5,090.94	19
20. Unpaid Expenditures.....			20
21. Total Disbursements (Add Lines 19 and 20).....	5,090.94	5,090.94	21

CHECK ONLY ONE BOX  
USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW

☒ INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE  
COMMITTEES/POLITICAL PARTIES

☐ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

# STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

## SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME: Samuel Kalalau III

PAGE 1 OF 2

Friends of Sam Kalalau

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
4/26/06	<input checked="" type="checkbox"/> NON-MONETARY CONTRIBUTION Cheryl Vasconcellos P.O. Box 657 Hana, Hawaii 96713	Executive Director Hana Health	\$1,307.00	\$1,307.00
6/22/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Stanley Kalalau P.O. Box 554 Hana, Hawaii 96713		\$200.00	\$200.00
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....			\$1,507.00	
2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii)).....				

Form CC-5(A) (Rev. 5/99)

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B.

CHECK ONLY ONE BOX  
USE SEPARATE SCHEDULE(S) FOR EACH CATEGORY BELOW

☐ INDIVIDUALS/OTHER ENTITIES/NONCANDIDATE  
COMMITTEES/POLITICAL PARTIES

☒ CANDIDATE OR CANDIDATE'S IMMEDIATE FAMILY

# STATE OF HAWAII CAMPAIGN SPENDING COMMISSION

## SCHEDULE A MONETARY AND NON-MONETARY CONTRIBUTIONS CANDIDATE COMMITTEE

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE 2 OF 2

DATE OF DEPOSIT OR RECEIPT OF NON-MONETARY CONTRIBUTION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	FOR AGGREGATES OF \$1,000 OR MORE NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE
	IF A DEPENDENT MINOR, ENTER NAME OF PARENT	OCCUPATION		
6/7/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Samuel Kalalau III P.O. Box 882 Hana, Hawaii 96713	Highway Supervisor County of Maui	\$500.00	\$500.00
7/20/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Samuel Kalalau III		\$2,000.00	\$2,000.00
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			
	<input type="checkbox"/> NON-MONETARY CONTRIBUTION			

1. SUBTOTAL OF MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (This Page).....

\$2,500.00

2. TOTAL MONETARY AND NON-MONETARY CONTRIBUTIONS THIS PERIOD (Last Page Only) (Transfer total  
to the applicable Line Number of the Disclosure Report - 11(a)(ii) or 11(b)(ii)).....

\$4,007.00

Form CC-5(A) (Rev. 5/99)

With the exception of loans and unpaid expenditures that are forgiven, non-monetary contributions must also be reported as an "Expenditure" on Schedule B.

**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE B  
EXPENDITURES  
CANDIDATE COMMITTEE**

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CANDIDATE AND CANDIDATE COMMITTEE NAME: Samuel Kalalau III  
Friends of Samuel Kalalau

PAGE 1 OF 1

DATE OF EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF VENDOR OR SOURCE OF NON-MONETARY CONTRIBUTION	PURPOSE OF EXPENDITURE OR DESCRIPTION OF NON-MONETARY CONTRIBUTION	AMOUNT OF EXPENDITURE OR FAIR MARKET VALUE OF NON-MONETARY CONTRIBUTION THIS PERIOD
5/30/05	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Kinkos 395 Dairy Road Kahului, Hawaii 96732	Flyers	\$211.38
6/13/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Enterprises, Inc. 99-061 Koaha Way Aiea, Hawaii 96701	T-Shirts	\$598.96
5/23/06	<input checked="" type="checkbox"/> NON-MONETARY CONTRIBUTION Instant Sign Center 508 Boston Providence Turnpike Norwood, MA 02062	Yard Signs	\$1,307.00
5/23/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Instant Sign Center 508 Boston Providence Turnpike Norwood, MA 02062	Bumper Stickers, Banners, Car Magnets	\$896.72
5/15/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION Oriental Trading Company 4206 South 108th Street Omaha, NE 68137	Key Chains, Magnets, Pencils	\$535.00
6/7/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION The Maui News 100 Mahalani Street Wailuku, Hawaii 96793	Advertising	\$340.88
7/27/06	<input type="checkbox"/> NON-MONETARY CONTRIBUTION The Maui News 100 Mahalani Street Wailuku, Hawaii 96793	Advertising	\$1,201.00
1. SUBTOTAL OF EXPENDITURES THIS PERIOD (This Page).....			\$5,090.94
2. TOTAL EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 16 of the Disclosure Report).....			\$5,090.94

**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

**SCHEDULE C  
PUBLIC FUNDS AND OTHER RECEIPTS  
CANDIDATE COMMITTEE**

NA

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME: \_\_\_\_\_

PAGE \_\_\_\_\_

OF \_\_\_\_\_

DATE OF DEPOSIT	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF SOURCE OF PUBLIC FUNDS OR OTHER RECEIPT	DESCRIPTION OF OTHER RECEIPT	AMOUNT OF PUBLIC FUNDS OR OTHER RECEIPT THIS PERIOD	AGGREGATE ELECTION PERIOD TOTAL TO DATE

1. SUBTOTAL OF PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (This Page).....
2. TOTAL PUBLIC FUNDS AND OTHER RECEIPTS THIS PERIOD (Last Page Only) (Transfer total to Line Number 13 of the Disclosure Report).....

ATTACH A COPY OF THE  
EXECUTED LOAN DOCUMENT AT  
THE TIME OF INITIAL DISCLOSURE

STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION

SCHEDULE D  
LOANS  
CANDIDATE COMMITTEE

NA

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

PAGE

OF

LOAN SOURCE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIPCODE OF LENDER NAME OF EMPLOYER AND OCCUPATION	AMOUNT OF LOAN AT BEGINNING OF THIS PERIOD	NEW LOAN AMOUNT THIS PERIOD	AMOUNT REPAID OR FORGIVEN THIS PERIOD	AMOUNT OF LOAN AT CLOSING OF THIS PERIOD
DATE OF LOAN	PURPOSE OF LOAN				
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
<input type="checkbox"/> CANDIDATE <input type="checkbox"/> IMMEDIATE FAMILY <input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> OTHER				<input type="checkbox"/> FORGIVEN	
1. SUBTOTAL (This Page).....					
2. TOTAL NEW LOANS THIS PERIOD (Last Page Only) (Transfer total to Line Number 14 of the Disclosure Report).....					
3. TOTAL LOANS REPAID OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line Number 17 of the Disclosure Report).....					
4. TOTAL LOANS AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 7 of the Disclosure Report)....					

Form CC-5(D) (Rev. 5/99)

If a loan is forgiven, the loan must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven loan does not have to be reported as an "Expenditure" on Schedule B.

**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

NA

**SCHEDULE E  
UNPAID EXPENDITURES  
CANDIDATE COMMITTEE**

NOTE: EXPENDITURES ARE CONSIDERED MADE WHEN THE PRODUCT IS DELIVERED OR THE SERVICE IS RENDERED (ACCRUAL METHOD OF ACCOUNTING).

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CANDIDATE AND CANDIDATE COMMITTEE NAME: \_\_\_\_\_

PAGE \_\_\_\_\_

OF \_\_\_\_\_

DATE OF UNPAID EXPENDITURE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR	AMOUNT OF UNPAID EXPENDITURE AT BEGINNING OF THIS PERIOD	NEW UNPAID EXPENDITURE AMOUNT THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD	AMOUNT OF UNPAID EXPENDITURE AT CLOSING OF THIS PERIOD
	PURPOSE OF UNPAID EXPENDITURE				
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
				<input type="checkbox"/> FORGIVEN	
1. SUBTOTAL (This Page).....					
2. TOTAL NEW UNPAID EXPENDITURES THIS PERIOD (Last Page Only) (Transfer total to Line Number 20 of the Disclosure Report).....					
3. TOTAL UNPAID EXPENDITURES PAID OR FORGIVEN THIS PERIOD (Last Page Only) (Transfer total to Line Number 18 of the Disclosure Report).....					
4. TOTAL UNPAID EXPENDITURES AT THE CLOSING OF THIS PERIOD (Last Page Only) (Transfer total to Line Number 8 of the Disclosure Report).....					

Form CC-5(E) (Rev. 5/99)

If an unpaid expenditure is forgiven, the unpaid expenditure must also be reported as a "Non-Monetary Contribution" on Schedule A. The forgiven unpaid expenditure does not have to be reported as an "Expenditure" on Schedule B.



**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

**LATE CONTRIBUTIONS REPORT  
CANDIDATE COMMITTEE**

NA

The Late Contributions Report is to be used to report all contributions aggregating more than \$500 that are received within the period of fifteen calendar days through four calendar days prior to a primary, special primary, general, or special general election. The report is required to be filed no later than 4:30 p.m., three calendar days prior to the election.

NO INFORMATION OR COPIES FROM THE REPORTS SHALL BE SOLD OR USED BY ANY PERSON FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS OR FOR ANY COMMERCIAL PURPOSE.

CANDIDATE AND CANDIDATE COMMITTEE NAME:

DATE	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF DONOR	NAME OF EMPLOYER	AMOUNT OF CONTRIBUTION	AGGREGATE CONTRIBUTION
	PURPOSE TO WHICH THE CONTRIBUTION WILL BE APPLIED	OCCUPATION		

**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

NA

**ACQUISITION OF DURABLE ASSETS  
CANDIDATE COMMITTEE**

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

**ACQUISITION OF ASSETS**

The purchase or lease of an asset must also be reported as an "Expenditure" on Schedule B.

DATE OF ACQUISITION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF VENDOR OR DONOR	DESCRIPTION OF ASSET	ACQUISITION COST OR FAIR MARKET VALUE OF ASSET

*All Durable Assets must be reported until all assets have been sold or disposed of accordingly.*

**STATE OF HAWAII  
CAMPAIGN SPENDING COMMISSION**

**DISPOSITION OF DURABLE ASSETS  
CANDIDATE COMMITTEE**

NA

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CANDIDATE AND CANDIDATE COMMITTEE NAME:

**DISPOSITION OF ASSETS**

The sale of an asset must also be reported as an "Other Receipt" on Schedule C.

DATE OF DISPOSITION	FULL NAME, STREET ADDRESS, CITY, STATE AND ZIP CODE OF ENTITY ACQUIRING THE ASSET	DESCRIPTION OF ASSET	SALE PRICE OR FAIR MARKET VALUE OF ASSET	METHOD OF DISPOSITION
				<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN
				<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN
				<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN
				<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN
				<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN
				<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN
				<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN
				<input type="checkbox"/> SOLD <input type="checkbox"/> DISPOSED <input type="checkbox"/> DONATED <input type="checkbox"/> TRADE-IN